

# **Limited English Proficiency as a Barrier to Family Planning Services**

## **FINAL REPORT**

Prepared for the

U.S. Department of Health and Human Services  
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**Limited English Proficiency as a Barrier to Family Planning Services**

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## Preface

This deliverable presents the findings of the *Limited English Proficiency as a Barrier to Family Planning Services* study conducted by COSMOS Corporation for the Office of Population Affairs (OPA), Office of Public Health and Science, U.S. Department of Health and Human Services. The study was supported under a task order contract with the Department of Health and Human Services (Task Order No. 12, Contract No. 282-98-0027).

The project could not have been conducted without the cooperation and support of the clinic directors and coordinators of the family planning clinics that participated in the study. Clinic staff provided insightful information on the language assistance services being provided by their clinics and offered valuable recommendations for improvement of services through training and technical assistance. We also must acknowledge the invaluable information provided by the study's key informants and the family planning professionals who offered important guidance in the design and report writing phases of the study. The final report reflects their extremely helpful comments as well as those of Evelyn Kappeler, the project Task Order Officer.

The various clinics and innovative language assistance services profiled in the report have the potential to improve the health care delivery system for underserved and vulnerable populations such as limited English proficient (LEP) individuals. Today's rapidly changing health care environment creates an urgency and an opportunity to build a health care system that gives America's underserved populations access to high quality reproductive health care. This is the spirit with which this project was undertaken and is presented in this document. We hope that this effort contributes to the flow of ideas and strategies for providing accurate and consistent language assistance services in all Title X family planning clinics throughout the country.

The COSMOS study team, led by Oscar Espinosa, M.A., included Angela Ware, Ph.D.; Katherine Page, M.S.Sc.; Daniela Hanson, B.A.; Bob Johnson, B.A.; and Bonnie Senteno, B.S.

## **Acknowledgments**

The study team has benefitted from the leadership of the Office of Population Affairs and the guidance of the Task Order Officer, Evelyn Kappeler. The study team also would like to thank the study key informants for their guidance and assistance during the design phase of the study. The participants are listed below.

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# EXECUTIVE SUMMARY

The *Limited English Proficiency as a Barrier to Family Planning Services* study reviews and assesses the language assistance services and activities being provided to limited English proficient (LEP) individuals in seven Title X-funded family planning clinics. The study findings present an illustrative sampling of services, activities, and procedures reflecting innovative strategies being used by Title X clinics to meet the growing demand for language assistance in their communities. In addition, the study describes the common barriers faced by clinics as they strive to comply with federal and state mandates requiring the provision of language assistance services to their LEP clients, as well as the barriers experienced by LEP individuals who are accessing family planning services.

## FINDINGS

The study provides a valuable baseline analysis that points to areas of success, as well as barriers to systemic support, in implementing effective language assistance services. Specifically, the study sought to answer the following research questions:

- ! What are the language assistance services, activities, and procedures used by Title X clinics to ensure effective access to family planning services for people with limited English proficiency (LEP)?
- ! What are the barriers experienced by clinics in providing language assistance services?
- ! What are the innovative language assistance services and strategies being adopted by selected clinics?
- ! What are the relative costs of the different language assistance services offered by clinics?
- ! What are the barriers experienced by LEP individuals accessing family planning services?
- ! What are clients' perceptions of the effectiveness of language assistance services?

- ! Are there significant differences in the amount of time required to treat LEP and non-LEP clients?

**What are the language assistance services, activities, and procedures used by Title X clinics to ensure effective access to family planning services for people with limited English proficiency (LEP)?**

Title X family planning clinics provide their LEP clients with unique language services designed to bridge the language gap and facilitate communication between clinic staff and clients.

- ! ***Title X clinics employ a combination of language assistance services and strategies to comply with Title VI requirements.***  
Clinics provide language assistance by employing bilingual staff, staff interpreters, and contract interpreters; using language line services; and having on-site translation services available to translate client education materials and forms.
- ! ***Title X clinics offer LEP clients innovative language assistance services.*** In addition to the language assistance services recommended by OCR, clinics have designated bilingual staff as backup interpreters and have developed and maintain a pool of volunteer interpreters trained in medical interpretation. Clinics with larger budgets have developed, or have access to, state-of-the-art remote telephone interpreter services and others provide interpreter services using teleconference technology.
- ! ***Title X clinics have adopted innovative language assistance activities and procedures.*** All clinics display a number of multilingual signs designed to inform LEP clients of clinic services. Clinics also provide educational videos in multiple languages, provide their staff with training in cultural competence and medical interpretation, have language banks available, and many clinics have developed strategic partnerships with community-based organizations (CBOs) to augment their language capacity.
- ! ***Clinics have high-levels of bilingual staff language capability.*** Clinics employ bilingual staff that reflect the LEP community in their service area. However, clinics are experiencing shortages in bilingual technical staff such as registered nurses, nurse practitioners, and physicians.

**What are the innovative language assistance services and strategies being adopted by selected clinics?**

- ! ***Development of a strategic partnership with an area hospital.***  
One of the clinics visited by the study team has established a strategic partnership with an area hospital to provide the clinic with bilingual physicians fluent in various languages. The agreement stipulates that all clients requiring follow-up care be referred to the hospital and assigned to a provider who speaks the client's language.
- ! ***Design of clinic services based on findings from client focus groups.*** One of the clinics designed all of its clinical services based on the results of multiple focus groups conducted with community members and clients. Some design considerations included the clinic's location, its architecture, theme of art work displayed, size of in-take and examination rooms, and the use of an appointment line that is not menu-driven.
- ! ***Interpretation using teleconference technology.*** A clinic has adapted teleconference technology to provide language assistance to LEP clients. The clinic uses its language bank to identify individuals fluent in the language required for interpretation and links the client and interpreter via a high-speed Internet connection that transmits simultaneous video and audio signals.
- ! ***Remote telephone interpretation.*** LEP clients who require language assistance at one clinic are provided with in-house interpreters trained in medical interpretation who are in a centralized location. High-quality interpretation is provided via a speakerphone and dual headsets, which are used to minimize concerns over confidentiality.
- ! ***Mobile health van.*** A family planning clinic that serves a rural population provides language assistance to difficult-to-reach LEP clients using a health van staffed by bilingual providers, medical assistants, and in-take personnel.
- ! ***Provider training in communicating through an interpreter.*** In order to increase the quality and effectiveness of interpreting encounters, a family planning clinic's delegate provides in-house training for

physicians and nurse practitioners on how to correctly use an interpreter during an examination.

- ! **Off-site interpreter program.** Staff from one clinic provide language assistance to LEP clients throughout all phases of the clinical visit and even accompany the client off-site for follow-up care.

### What are the relative costs of the different language assistance services offered by clinics?

Title X clinics expend great amounts of resources to provide language assistance services to their LEP clients. The following table summarizes estimated costs associated with delivering language assistance using various methods.

#### Exhibit 1

#### ESTIMATED COSTS OF LANGUAGE ASSISTANCE SERVICES

Method of Providing Language Assistance	Estimated Cost
<b><u>Interpretation</u></b>	
Bilingual Staff	\$18-\$87k/year*
Staff Interpreters	\$27-\$57k/year + stipend (\$50-\$500/month)
Contract Interpreters	\$35-\$40/hour
Language Line	\$2.50-\$4.50/minute (\$50-\$60/call)
Remote Telephone Interpretation	\$20-\$30/call**
Volunteer Interpreters	\$250-\$650/volunteer***
Interpretation via Teleconference	\$5-\$15k/connection + interpreter fees
<b><u>Translation</u></b>	
On-site Translation	\$30-\$50k/year + stipend (\$50-\$150)
Outsourced Translation	\$0.12-\$0.25/word

\* Salary range based on clinic administrators' estimates.

\*\* Average call estimate based on anecdotal information presented by clinic staff at Santa Clara Valley Health and Hospital System.

\*\*\* Estimate includes cost of providing training in medical interpretation.

### What are the barriers experienced by clinics in providing language assistance services?

The study team queried clinic staff regarding the barriers they have encountered providing language assistance services to LEP clients. Clinic staff cited two distinct categories of barriers



that affect a clinic's ability to adopt and effectively manage language assistance services: 1) client and 2) resource-focused barriers.

! ***Client-focused barriers that affect the provision of language assistance services.*** Staff identified three main LEP client characteristics that directly affect their ability to provide effective language assistance. These characteristics include: 1) linguistic differences, 2) cultural differences, and 3) having low levels of health literacy.

! ***Resource-focused barriers that affect the quality and effectiveness of language assistance services.*** Clinics experience a number of barriers related to a clinic's limited resources such as: direct costs associated with interpreter and translation services, the limited availability and cost of bilingual staff and volunteers, and numerous time constraints associated with treating LEP clients.

### **Are there significant differences in the amount of time required to treat LEP and non-LEP clients?**

The study team queried staff on their perception of how much time is required to treat a client in each phase of the clinical visit. Staff members were asked to provide their best estimate for time required to treat both LEP and non-LEP clients. Exhibit 2 shows that it takes clinic staff twice as long to treat a LEP client.

### **Exhibit 2**

#### **ESTIMATED AVERAGE TIME DIFFERENCE FOR THE TREATMENT OF LEP AND NON-LEP CLIENTS, BY CLINIC\***

Clinics		Phase of Clinic Visit									Average Difference
		In-take			Exam & Treatment			Follow-up Care/ Instructions			
								Non-LEP   LEP   Diff.			
		Non-LEP	LEP	Diff.	Non-LEP	LEP	Diff.	Non-LEP	LEP	Diff.	
1.	Tremont Center	20	40	20	45	65	20	15	30	15	18
2.	Centro de Salud Clinic	15	30	15	40	60	20	15	25	10	15
3.	Stafford Clinic	15	25	10	45	60	15	10	25	15	13

4.	Valley Health Center at Lenzen	20	35	15	35	45	10	15	25	10	12
5.	San Marcos Clinic	20	45	25	25	45	20	12	25	13	19
6.	Southeast Heights Clinic	20	40	20	35	55	20	10	30	20	20
7.	La Clínica del Pueblo	15	25	10	20	35	15	15	30	15	13
	Average	18	34	16	35	52	17	13	27	14	16

\*Time estimates are expressed in minutes and are based on estimates reported by staff involved in different phases of a family planning visit. Estimates for in-take were provided by front-line personnel (e.g., receptionists, medical assistants, etc.) and are based on a first visit. Exam and treatment estimates were presented by providers (e.g., nurses, nurse practitioners, and physicians) based on a clinical visit where a procedure had been scheduled. Follow-up estimates were provided by both providers and in-take staff.

### What are the barriers experienced by LEP individuals accessing family planning services?

The study team queried focus group participants about barriers they have encountered when accessing family planning services at Title X clinics. Clients reported multiple barriers including: linguistic, cultural, legal, economic, and educational. These barriers are manifested during different phases of the clinical visit and are shown in Exhibit 3.

### Exhibit 3

#### BARRIERS FACED BY LEP CLIENTS ACCESSING FAMILY PLANNING SERVICES, BY PHASE OF CLINIC VISIT

Phase of Clinic Visit	Barrier Types				
	Linguistic	Cultural	Legal	Economic	Educational
Outreach	✓		✓	✓	✓
In-take	✓	✓		✓	✓
Medical History and Financial Screening	✓	✓			
Provider Examination and Treatment	✓	✓			
Instructions for Follow-up Care and Medication Usage	✓			✓	

### What are clients' perceptions of the effectiveness of language assistance services?

The study team queried focus group participants about their perceived effectiveness and usefulness of various language assistance services. Clients perceive bilingual staff to be the most effective method of delivering language assistance and find multilingual signs and client education material to be very useful in facilitating the clinical visit. Exhibit 4 presents the clients' perceived strengths and weaknesses of each method used to deliver language assistance.

## Exhibit 4

### PARTICIPANTS' PERCEIVED STRENGTHS AND WEAKNESSES OF VARIOUS METHODS FOR DELIVERING LANGUAGE ASSISTANCE

Method of Delivering Language Assistance	Strengths	Weaknesses
<b>Bilingual Staff</b>	<ul style="list-style-type: none"><li>• Expedited appointments</li><li>• Able to ask questions</li><li>• Feel less dysfunctional</li><li>• Body language exchanged</li></ul>	<ul style="list-style-type: none"><li>• Confidentiality can be compromised</li></ul>
<b>Telephone Interpreters</b>	<ul style="list-style-type: none"><li>• More privacy during exams</li><li>• Expedited appointments</li></ul>	<ul style="list-style-type: none"><li>• Limited privacy</li><li>• Feel rushed</li><li>• Impersonal</li></ul>
<b>Face-to-Face Interpretation</b>	<ul style="list-style-type: none"><li>• Able to ask questions</li><li>• Body language exchanged</li></ul>	<ul style="list-style-type: none"><li>• Feel rushed*</li><li>• Less privacy</li></ul>
<b>Translated Client Education Materials</b>	<ul style="list-style-type: none"><li>• Provide good visual</li><li>• Used for reference</li></ul>	<ul style="list-style-type: none"><li>• Lacks new contraceptive methods</li></ul>
<b>Multilingual Signs</b>	<ul style="list-style-type: none"><li>• Orient clients to clinic services</li><li>• Inform clients of their right to language assistance</li></ul>	<ul style="list-style-type: none"><li>• Do not help clients with low-literacy</li><li>• Restricted to 3 languages</li></ul>
<b>Multilingual Videos</b>	<ul style="list-style-type: none"><li>• Provide good visual</li></ul>	<ul style="list-style-type: none"><li>• Language too technical</li><li>• Cannot be referenced</li></ul>

\*Applies only to contract interpreters.

## METHODS

The *Limited English Proficiency as a Barrier to Family Planning Services* study provides a baseline examination of the range of language assistance services being provided by Title X family planning clinics. The study employed qualitative data collection methods such as document reviews, telephone and face-to-face interviews, and focus groups. The study team developed guides to conduct semi-structured interviews with study key informants and clinic staff and to guide the focus groups with family planning clients.

### Site Selection

To ensure that study results provided OPA with an accurate snapshot of the barriers Title X clinics face in assuring access, as well as knowledge of innovative practices, the study employed a site selection methodology that accounted for clinic characteristics such as: evidence of having an

innovative language assistance service, the clinic's service area experiencing high LEP growth,<sup>1</sup> whether the clinic serves multiple languages, inclusion of all types of clinics,<sup>2</sup> regional representation (public health service regions), and the inclusion of at least one clinic serving a rural community.

## **Site Visits**

The study team conducted site visits from July to October 2002. Two-person teams conducted two to three-day site visits. Activities accomplished during the site visits included:

- ! Conduct face-to-face interviews with clinic staff to identify and describe language assistance services being provided to the LEP population. Discuss the barriers faced by staff in providing language assistance to a growing LEP population.
- ! Collect and review documentation that describes the LEP population being served and review documents that describe how language assistance services are administered.
- ! Conduct focus groups with family planning clients regarding their perceptions of the effectiveness and usefulness of language assistance services and perceived barriers to accessing clinic services.

## **Data Collection**

Data collection occurred through face-to-face interviews with clinic staff, reviewing documentation, and conducting focus groups with family planning clients.

***Clinic Staff Interviews.*** A site visit protocol guided on-site data collection. The protocol instrument included procedures to conduct document reviews, adhering to the staff interview schedule, and included the study team's topics of inquiry or lines of questioning. The study team conducted interviews with clinic staff including: clinic directors, executives, administrators, and staff who provide family planning and language assistance services.

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<sup>1</sup> Refers to an area or community that has experienced a recent influx of people that speak a language the clinic has not served.

<sup>2</sup> Clinic typology is based on the clinic's primary affiliation, e.g., university, hospital, community-based organization, etc.

***Review of Documentation.*** The study team reviewed a number of documents from each of the seven clinics. These documents included: administrative documents, statistical reports describing the population served, internal policy and procedural guides, and translated client education material such as documents, flyers, and handouts.

***Direct Observation.*** The study team made direct observation throughout the site visit at each of the participating clinics to observe the placement and quality of multilingual signs used throughout the clinic. The study team also observed the procedures and protocols followed by staff to ascertain how the services were made available to the client.

***Focus Groups with Family Planning Clients.*** The study team convened four focus groups with family planning clients to obtain in-depth information about the clients' experiences with barriers to services and on the perceived effectiveness of various language assistance services. The study team used a focus group discussion guide to lead the discussions.

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